


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90113 029 ****61.25

0062129

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P25602

1. Corporation Name
HOSPITAL BILLING & COLLECTION SERVICE, LTD. CORPORATION

Principal Place of Business TWO PENN'S WAY STE. 300 NEWCASTLE DE 19720	Mailing Address TWO PENN'S WAY STE. 300 NEWCASTLE DE 19720
---	---



2. Principal Place of Business 21 118 Lukens Drive Suite, Apt. #, etc.	2a. Mailing Address 26 118 Lukens Drive Suite, Apt. #, etc.	3. Date Incorporated or Qualified 08/11/1989
22 City & State 23 New Castle, DE	27 City & State 28 New Castle, DE	4. FEI Number 22-2255980
24 19720 25 USA	29 19720 30 USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83
84 City	85 Zip Code	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Co-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KEANE, CHRISTOPHER M		1.2 NAME Francis J. Brynes	
STREET ADDRESS 12 PHEASANT RUN DR		1.3 STREET ADDRESS Brynes Capital Partners	
CITY-ST-ZIP WILMINGTON DE 19810		1.4 CITY-ST-ZIP 74 Shady Knoll Drive Stamford, CT 06903	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE Co-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PEMBER, MARVIN G		2.2 NAME Eric R. Morrow	
STREET ADDRESS 248 EDGEMERE CT.		2.3 STREET ADDRESS Brynes Capital Partners	
CITY-ST-ZIP OKLAHOMA CITY OK 73118		2.4 CITY-ST-ZIP 74 Shady Knoll Drive Stamford, CT 06903	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE VP - Administration & CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BROWNELL, DARRELL		3.2 NAME Kevin R. Haggerty	
STREET ADDRESS 2801 ATLANTIC AVE		3.3 STREET ADDRESS 419 Karen Lane	
CITY-ST-ZIP LONG BEACH CA 90801-5694		3.4 CITY-ST-ZIP Wallingford, PA 19806	
TITLE V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GROSS, ROBERT E		4.2 NAME	
STREET ADDRESS 725 WINTER WIND WAY		4.3 STREET ADDRESS	
CITY-ST-ZIP ROSWELL GA 30075		4.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIENSA, ROBERT V.		5.2 NAME	
STREET ADDRESS 206 WILTSHIRE DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP KENNETT SQUARE PA		5.4 CITY-ST-ZIP	
TITLE CD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME O'BOYLE, MICHAEL		6.2 NAME	
STREET ADDRESS 768 STACY OAK WAY		6.3 STREET ADDRESS	
CITY-ST-ZIP MILLERSVILLE MD 21108		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kevin R. Haggerty **SIGNATURE REQUIRED** (302) 552-8057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)